Effective November 10, 1998												086	27
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL TYPE	ENTITY	OR	OTHER	R THAN ENTITY
FOR			NUMBER FILED			NUMBER EXTRA		l [	RATE	FEE	٦	RATE	FEE
BASIC FEE					7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1		380.00	OR		760.00	
TOTAL CLAIMS			minus 20=		30=	*		1	X\$ 9=		OR		
INDEPENDENT CLAIMS			minus 3 =		s 3 =	*		1	X39=	<del> </del>	1	X78=	
М	MULTIPLE DEPENDENT CLAIM PRESENT									1	OR		
* If the difference in column 1 is less than zero, enter 0" in column 2								ן ל	+130=	ļ	OR		
CHAIMS AS AMENDED - PART II									TOTAL	L	OR		<u> </u>
(Column 1) (Column 2) (Column 3)						_	SMALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A		REM.	AIMS AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	<u> </u>	9	Minus	**	39	=		X\$ 9=	1	OR	X\$18=	/
	Independent	*	3	Minus	***		=		X39=		OR	X78=	<i>f</i>
	FIRST PRES	ENTATIO	N OF M	ULTIPLE DE	PEND	ENT CLAIM		!   <u> </u>	+130=		OR	+260#	
								L	TOTAL		ا ر ا	TOTAL	-
		(Colu	mn 1)		(C	olumn 2)	(Column 3)	AL	DDIT. FEE	-	10	ADDIT. FEE	
AMENDMENT B		REMA AF	NMS NNING TER DMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RÅTE (	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ <sup>.</sup> 9=		OR	X\$18=	
	Independent	*		Minus	***		=		X39=		OR	X78=	,
	FIRST PRESE	NIAHOI	A OF W	JUIPLE DE	PEND	ENT CLAIM	<u>.                                    </u>		+130=	-	OR	+260=	- ;
								L	TOTAL			TOTAL	
		(Colu	mn 1)		(Cd	olumn 2)	(Column 3)	AD	DIT. FEE		<b>1</b> 0.1	ADDIT. FEE	
MER		CLA REMA AFT AMEND	IMS INING ER		H N PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	,	X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=		X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								100		ľ		
* [f	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								130=		OR	+260=	
***[	the "Highest Nur the "Highest Nur he "Highest Num	nber Prev	iously Pa	id For IN THI	S SPAC	CE is less that	n 3. enter "3."	AŲL	DIT. FEE	ropriate bo		ODIT. FEE	
244	PTO-875												

Application or Docket Number